

InterAction



Official Publication of The American Assembly for Men in Nursing

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Message from the President Gene Tranbarger, Ed D, RN, FAAN

When I was eight years old I dreamed of being as big, as powerful, and as important as I then thought twelve year olds were! Over the many years since then I have held positions of authority and responsibility in health care, in nursing organizations, in community volunteer clubs and in regulatory organizations. I once testified before the Health Sub-committee of the House Ways and Means Committee. Never have I felt the power or importance I gave to twelve year olds.

My wife Terry and I will soon celebrate 43 years of married life. We have learned to accommodate personal and family goals in some modestly successful way. Southern Baptists a few years ago began promoting the concept of the man as head of the family and the responsibility of the wife to be submissive to her husband. Perhaps because we are catholic, Terry never felt this need. I heard a man say that he had always been the head of his family. However his wife was the neck and determined which way the head would turn! All of this is a lead in to a discussion of an article published recently in *The Journal of Nursing Administration (JONA)*. The author, Carol S. Kleinman, reviews concepts of sex and gender roles, gender and power, tokenism versus gender status and then examines her perception of the advantage men have in nursing.

The author acknowledges that men have had difficulty entering nursing, that they are indeed still such a small minority that they remain tokens, that stereotypical thinking hinders their image, especially with patients, but unlike the glass ceiling that has hindered women from success in male dominated professions, men nurses ride a glass escalator to the top of the power structure in nursing. She believes that men nurses are held in higher regard by male hospital administrators and male physicians. She believes that men seek power more than women do and that men nurses as a group may have encountered obstacles in nursing, individual men have succeeded without difficulty. Her bottom line seems to be that the way to increase the recruitment of men into nursing in larger numbers is to promote the distinct advantages men have in nursing!

I will leave the critique of her study and findings to others. Instead I want to share my 45 years of life as a registered nurse. Help me find the advantages.

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Continued from page 1

I was the first man hired in nursing at Children's Memorial Hospital in Chicago. In those days most of the nursing care was provided by students on affiliation. Registered Nurses were employed in the Operating Room, as supervisors, etc. A petition was circulated objecting to my employment and my colleagues refused to socialize with me or assist me in orientation, etc.

For almost 20 years I served in three different hospitals as the chief nurse executive. I never received a job offer until a female colleague championed my cause. It was always a female colleague that supported me and overcame the opposition of male administrators and physicians. I applied for a position in Chattanooga, Tennessee once. The hospital administrator called me and stated that I was by far the most qualified applicant for the position but he would not interview me because "the girls" would not want to work for a man.

Frequently I received anonymous letters from staff reporting how many men had been hired in nursing in my facility and a question like "Is it true you plan to replace all the supervisors and head nurses with men?" Can you imagine a female nurse executive getting such questions?

In the early 1980's I ran for treasurer of the American Nurses Association. Female delegates, not all but significant numbers of them, threw my campaign materials away unread and told me they would never vote for a man in nursing for any office no matter how qualified they were! Another instance of male power and advantage?

Anyone who has spent five minutes with Luther Christman has heard his story of the period when affirmative action was in vogue. He was Dean of Nursing at Vanderbilt and insists that the affirmative action representatives from Washington made clear that the male dominated professions of medicine, dentistry, pharmacy, etc had to aggressively recruit more women and people of color. They also stated that nursing would be exempt from those same expectations. Perhaps that is a reason medicine; pharmacy and dentistry are at or near gender equity and have a significant number of ethnic minorities in their schools and their professions today. Nursing remains almost 80% Caucasian and 94% female. Another perk of male privilege?

I invite you to share with us your examples of the power and privilege you have experienced as a nurse. I think we would all benefit from an open discussion of the experiences of men in nursing as they have lived it and the perceptions of our female colleagues in nursing as they have witnessed the same lived experience in nursing.

Kleinman, Carol S. Ph D, RN "Understanding and Capitalizing on Men's Advantages in Nursing". The Journal of Nursing Administration (JONA), vol.34,no.2; February, 2004

CALL FOR ABSTRACTS

Men in Nursing: Meeting a World of Health Care Needs

30th Annual Conference of the American Assembly for Men in Nursing

For additional information contact the AAMN Education Committee

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11 Cornell Rd.
Latham, NY 12110-1499
E-mail address: aamn@nysna.org*

Deadline Schedule:

Deadline for Submissions:	June 30, 2004
Notification of Acceptance:	August 15, 2004
Deadline Submission for	
Documentation for CEU's:	November 1, 2004

2004 BOARD MEMBERS

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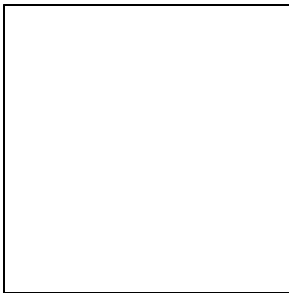
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INTRODUCING THE NEW AAMN BOARD MEMBERS FOR 2004



James L. Raper, DSN, CRNP, JD, Esq. 2004 President-elect

Position Title: Administrative Director/Nurse Practitioner; Research Assistant Professor of Medicine & Clinical Assistant Professor of Nursing, University of Alabama, Birmingham.

Education:

Kent State University, Kent, Ohio
University of Alabama, Huntsville
University of Michigan, Ann Arbor
University of Alabama, Birmingham
University of Alabama, Huntsville
Birmingham School of Law

BSN
MSN (Family Nursing)
Doctoral Studies
DSN (Nursing Svc. Administration)
Post Masters Certificate
JD

Dr Raper has authored or co-authored more than 20 publications. He has presented numerous times nationally and internationally and will present in Thailand this July. He has an article in this issue of Interaction on his recent trip to Zambia. We are indeed fortunate to have him as our President-elect!

Interview with Jim Raper, DSN, CFNP, JD, Esq.

April 2004

1. What brought you to AAMN?

In the fall of 1992 I was reading the *Atlanta Constitution* one Sunday morning when I noticed a small advertisement for the upcoming Annual Meeting of the AAMN in Atlanta, Georgia. I remember that it resonated with me because as a very young nurse I had joined the Male Nurses Association and lost track of the organization. The advertisement peaked my interest and I registered for the conference. At the time, I was working full time as a CNS for the University of Alabama School of Nursing (UAB) and nearing completion of my doctoral course work. It seemed like a fun thing to do. I attended the 1992 Atlanta meeting and I've been with the organization ever since. I found the conference to be very

stimulating. It was the biggest AAMN conference I can recall. There were many breakout sessions and the attendance was good. During the conference I met many influential male nurses of national stature. But most of all, I remember how welcome I felt. Everyone seemed to know one another and was generally supportive of the event. I renewed my membership and have maintained it ever since.

2. What do you hope to achieve during your years as president of AAMN?

Deciding to run for the Presidency of the AAMN was a big decision for me. I have a pretty good idea of the time commitment and necessary leadership skills. Being closely involved for many years as an active member, a member of the Board, and the Treasurer (through one of AAMN's darkest hours) I have first hand knowledge and examples of how to be successful and how to fail. I am confident that I learned the lessons. My prime objectives are to continue the important work delineated by the current and past presidents: advocacy for the entry and retention of men in nursing, issues in men's health, building the ranks of the organization both at the grassroots and national levels, increase the visibility of the Assembly and the many contributions of men in the profession. I would also like to enhance communications among male nurses and their friends in both service and academia.

3. What challenge(s) do you see for AAMN in the next 2-5 years?

The personal time constrains and available resources of nurses everywhere work as a deterrent to active participation in all professional organizations. Nurses, not unlike other Americans, must balance the demands for time and finances with family; education; professional, religious and civic affiliations. The AAMN must clearly articulate both our long-term and immediate goals in order to enlist the specific help we want and need.

4. What would you like the members of AAMN to know about you?

I am a person of deep conviction and dedication, very opinionated and not at all bashful. I'm a very hard worker and like to make things happen. I enjoy working with others of similar like-mindedness, whatever their views, and appreciate candor in all communications. I am a bit of a taskmaster yet sensitive and approachable. I am a risk taker and not afraid to say I made a mistake...let's try something else.

5. What do you like best about being a nurse?

I am proud to be a nurse, a very well educated and capable nurse with lots of experience and large skills set. Being a nurse has afforded me the ability to live a very comfortable life while contributing to society, alleviating pain and suffering, promoting health and bringing joy to others. Being a nurse opens countless doors of opportunity in the work place, community, the professional arena and life in general. Being a nurse allows me to know and learn about my own health and that of my family, friends, and patients. Being a nurse allows me to advocate for others in informed and meaningful ways.



John Scott AAMN 2004 Treasurer

B.A. 1980, University of Iowa, Iowa City, Iowa, Majors: Zoology and Painting Associates of Applied Sciences, 1992, Parkland College, Champaign, IL Major: Nursing Graduate level coursework at University of Illinois, Urbana, IL and at Bradley University, Peoria, IL subjects: Painting, Mathematics, Geology, Nursing.

1981-1982 Hydrocarbon Well Log Analyst, Continental Laboratories, Denver, CO

1983-1992 Psychiatric Technician, Mercy Hospital, Urbana, Illinois

1992-current, Registered Nurse, Critical Care, Provena Covenant Medical Center(Mercy)Urbana, IL 61801

1987-current, Research Technologist, College of Veterinary Medicine, University of Illinois, Urbana, IL 61802

2004 Interim Quality Assurance Manager, Veterinary Diagnostic Laboratory, University of Illinois, Urbana, IL 61802

Board Member, American Assembly for Men in Nursing

2003-current Treasurer, American Assembly for Men in Nursing

1. What brought you to AAMN initially?

The writings of Luther Christman. His writing made more sense to me than anything I had read so far in Nursing. And, in the process of reading Christman, I discovered that he started an organization for men in Nursing – AAMN. I attended the national conference in Chicago. It was just 130 miles from home and, I felt safe, in attending an unknown organization's national conference. There were other things to do in Chicago if the conference did not live up to my expectations. I had not been expecting to meet and shake hands with Luther Christman. Nor, was I expecting him to be interested in who I was and why I decided to attend. Not only did I meet Luther Christman, but I ended up attending every session. I was surprised at the scholarly and thought provoking presentations. And, I was sorry that I had not been exposed to Nursing at this level before. I came to the realization that there were others that had the same thoughts about nursing that I had. I have been an active member since and have attended every conference since Chicago. I was asked to run and was elected to the AAMN board in Austin, TX in 2001. I was appointed Treasurer to fill a vacancy left when the past Treasurer was elected Vice-President and after my failed run for AAMN President in 2003. I am always impressed with the diversity of educational backgrounds of members, especially the members who have formal education in religion as well as Nursing.

2. What do you hope to achieve in your term of office?

Since I was appointed instead of elected I did not come to office with a formal slate of goals. I would like to see a major increase in the financial resources of the organization. As chairperson of the membership committee, I would like to see an increase in membership. I look at my appointment as a service job with the outcome a better organization.


3. What are the challenges you believe AAMN and/or men in nursing face in the next few years?

The Challenge to AAMN is to enlighten all of Nursing to the value of education and in the understanding and acceptance of diversity. The challenge that men in nursing will face in the next few years is to change nursing education to focus on teaching men students so that more men will enter nursing.

4. Why would you/why would you not recommend nursing to other men?

I would recommend nursing because of the challenge. It gives you the opportunity to work to the limits of your physical and mental ability, sometimes when you least expect it. The downside of nursing, as a male, is that no matter how hard you work, or how much education you have, your efforts are trivialized by the elements of prejudice against men in nursing.

Dr. Demetrius James Porche 2004 AAMN Board of Directors



Dr. Demetrius James Porche is Professor of Nursing, Associate Dean for Nursing Research and Evaluation, and Director of the Office of Nursing Research and Doctor of Nursing Science Program at Louisiana State University Health Sciences Center in New Orleans, Louisiana. He holds an appointment also in the School of Public Health at Louisiana State University Health Sciences Center. Dr. Porche is an Adjunct, Associate Professor at Tulane University School of Public Health and Tropical Medicine in the Community Health Sciences Department. He received his undergraduate Bachelor of Science in Nursing degree from Nicholls State University and his Master of Nursing and Doctor of Nursing Science from Louisiana State University Medical Center. Dr. Porche is certified as a Clinical Specialist in Community Health Nursing and Family Nurse Practitioner. His clinical experience includes critical care nursing, home health nursing, hospice nursing, infection control/epidemiological surveillance, and clinical specialist for HIV and other blood-borne illnesses. His community health experience is concentrated in comprehensive school health program management, homeless population, HIV prevention, community capacity building and program planning. His areas of research interest include health promotion and disease prevention, men's health, behavior change/modification, and community level evaluation. He is currently a research consultant to a community-based organization, Brotherhood, which is funded by the Centers for Disease Control and Prevention for over \$1 million to develop culturally sensitive and appropriate HIV prevention programs to the African American community. Dr. Porche's professional leadership roles include Vice President of the New Orleans District Nurses Association, Louisiana State Nurses Association Continuing Education Committee, Board Member of the American Assembly for Men in Nursing, President of the Association of New Orleans Nurses in AIDS Care, and an HIV/AIDS Expert Panel Member for the International Council for Nurses. Dr. Porche serves as the Associate Editor of the *Journal of the Association of Nurses in AIDS Care* and Associate Editorial Board of the *Journal of Multicultural Nursing and Health Care*.

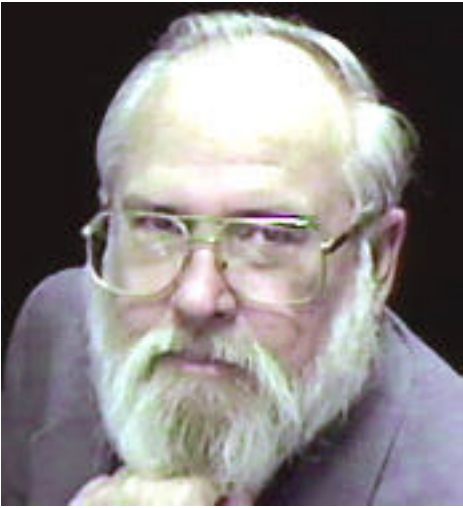


Bill Grau, RN, MS, CNAA 2004 AAMN Board of Directors

I entered nursing school in 1970 following four years of service with the Navy. Completing an associate degree in nursing from Youngstown State University I moved to Cincinnati to work for the Cincinnati General Hospital as a staff nurse. That year the nurse formed a bargaining unit with the Ohio State Nurses Association and I became the first vice president of that organization. This is when I decided to pursue nursing administration as a career. Joining the US Army I returned to the University of Cincinnati to complete my BSN. After a three-year tour in exotic Ft. Leonard Wood, Missouri I moved to San Francisco to pursue a masters in nursing administration at the University of California. Since that time I have remained in the Army Reserve and I am currently a Lieutenant Colonel with the 3274th United States Army Hospital, Fort Bragg, NC. In my civilian career I have held a variety of positions in management and administration. For the past 18 years I have been associated with Pitt County Memorial Hospital (PCMH) in Greenville, North Carolina. PCMH is the flag ship hospital for University Health Systems, a group of six hospitals, physician offices and other health care related subsidiaries.

In 1995, at the urging of my respected colleague Gene Tranbarger, I attended my first AAMN meeting in Durham, NC. This meeting was the first time I had the experience of spending time with more than one other man in nursing. I remember being overwhelmed by seeing men representing the full spectrum of a nursing career. Men of a variety of ages with varying responsibilities and career paths gather to share their experience and knowledge. I came away with a new appreciation for the contribution and role of men in our profession. The following year I was elected as secretary to the AAMN board and served two terms. At the end of my second term I was honored with one of my most cherished professional recognitions the "Member of the Year" award. At the 2003 AAMN convention in Cleveland, Ohio I was again honored by the organization with election to the board as a "Member at Large".

Through the efforts of great nursing leaders, beginning with Luther Christman, AAMN has matured to a position of financial and professional strength. The organization is ready to claim its position as a leader in the profession, speaking out for nursing, men in nursing and men's health. During my term on the board I hope to participate and shape the evolution of AAMN and our profession. I will accomplish this through contribution to such projects as the AAMN website redesign, expanded awards programs recognizing schools and work places that support the diversification of the profession, and the development of the AAMN strategy on addressing men's health issues.



Bruce Wilson, Ph D, RN

Bruce Wilson, Ph D, RN, CNS will be presented the 2004 Luther Christman Award at the 2004 AAMN conference.



REPORT FROM THE TREASURER

Cash in Bank	\$29,028.63
Total Income	\$1,152.53
Total Expenses	\$3,712.87
Net Income(Loss)	<u>(\$2,560.34)</u>

MEMBERSHIP
223

Florence Nightingale

Florence Bipolar

The 9th Annual VA Historical ClinicoPathologic Conference held in May of 2003 focused its attention on Florence Nightingale. In particular, the interest was on why Ms Nightingale, renowned nurse and public health pioneer, suffered from a debilitating illness much of her life. Dr. Katherine L. Wisner, MD, MS, professor of Psychiatry and ObGyn and pediatrics and director of the Women's Behavioral Health CARE program at the Western Psychiatric Institute and Clinic at the University Of Pittsburgh School Of Medicine, took the challenge to review and evaluate records on Nightingale to come up with possible reason for her depression, suicidal thoughts and reclusiveness. Dr. Wisner said, "My immediate challenge was to explain the dilemma of how a woman with such marked intelligence and productivity could have such reclusive behavior.

Previous investigations have centered in on Nightingales probable bout of brucellosis during the Crimean War. But Dr. Wisner expanded her review of Nightingale going back to her childhood, since she had written extensive diaries and letters. There were definitely indications of depression, but according to Dr. Wisner, Nightingale exhibited symptoms of mania after getting her "call from God" at age 16 which was preceded by hallucinations. "Her significant suffering from depression, thoughts of death, (and) reclusiveness are juxtaposed against her great talent and productivity, and again, partial relief came later in life when the prevalence of manic and depressive episodes declined."

Nightingale used her manic periods for creativity and fluency in developing statistical diagrams, and policy, though from the bed. This creativity during manic periods is shared with other bipolar famous personalities including Walt Whitman, Sylvia Plath and Winston Churchill.

reviewed by Gary Peichota



Help us make AAMN even better!

Please return your member survey today.

If you are in need of another copy of the survey please contact the AAMN office.

(contact information on cover)

AAMN President-Elect Jim Raper Returns from Africa

In early March 2004 I traveled to south-central Africa with a contingent of researchers and clinicians from the University of Alabama at Birmingham (UAB) primed with \$22 million in new grants. The UAB medical team under the direction of Jeffrey Stringer, MD, a UAB obstetrician working for UAB at the Center for Infectious Disease Research in Zambia (CIDRZ) since 2001 is assigned a leading role in the Bush administration's unprecedented emergency drive against AIDS in Africa.

On January 28, 2003, President Bush announced in the State of the Union address the Emergency Plan for AIDS Relief (PEPFAR), a five-year, \$15 billion initiative to turn the tide in combating the global HIV/AIDS pandemic. This commitment of resources will help the most afflicted countries in Africa and the Caribbean wage and win the war against HIV/AIDS, extending and saving lives. While the United States will continue to work throughout the world to combat HIV/AIDS, this initiative focuses a significant amount of these resources on the most afflicted countries in Africa and the Caribbean: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. These 14 countries, which are also the focus of the President's previously announced Mother-and-Child HIV Prevention Initiative, have among the highest prevalence of HIV infection and account for nearly 20 million HIV-infected men, women and children—almost 70 percent of the total in all of Africa and the Caribbean.

The UAB team is primarily responsible for helping Zambia, a landlocked country near the epicenter of the AIDS pandemic, and the Caribbean nation of Jamaica. The ultimate goal of our efforts in Zambia is to create a desperately needed HIV treatment program and improve the government's public health system, a step needed before reliable treatment can even be provided for much of the country's population. Our immediate charge is to get at least 1,000 Zambians on antiretroviral therapy within two months and 10,000 within five years. Meeting with the principal investigators, key project staff currently in country, and members of the executive and advisory committees, my role in the 8-day visit was two-fold. First, was the assessment of the totality of the existing resources and infrastructure then develop a thumbnail organizational plan and key personnel necessary for the successful implementation of the program. By the conclusion of the visit, we were well underway in meeting our objectives. Since our visit much work has occurred. On Monday, 26 April 2004, under a tremendous amount of pressure to get people on therapy, the first patients initiated treatment through the newly created program.

My 27.5-hour travel to Lusaka, Zambia (the capital city) started in Birmingham, Alabama. From there we flew to Atlanta, Georgia and across the Atlantic Ocean to Cape Town, South Africa where we stopped for refueling. Then it was on to Johannesburg and eventually to Lusaka, Zambia. Upon our arrival we were guests at an art show and reception hosted by the American AIDS Activist Mary Fisher for the First Lady Mwanawasa of Zambia, a woman whose personal story includes family members infected with HIV. The first lady is a major force in getting much needed treatment to Zambians.

With one in five adults infected with HIV, an estimated 84% of those living with HIV/AIDS are 20 to 29 years old. One of the most striking things I observed was that I didn't see any older people. In fact, less than 2% of the population is over 62 years of age. Because of HIV, life expectancy in Zambia has dropped from 60 to 42 years. Another striking statistic is an infant mortality rate that closely approaches 10%. We visited the University Teaching Hospital in Lusaka and traveled to a number of district health clinics throughout the city of Lusaka, the southern city of Livingstone (at the border of Zimbabwe near Victoria Falls, the mother of all waterfalls) and the western providential city of Mongu. In each setting we observed the daily delivery of health services to thousands of local residents afflicted by malaria, malnutrition, HIV/AIDS and many other problems and conditions.

As you might imagine in a resource poor country such as Zambia the delivery of health care is severely restricted. While the medical professionals are highly trained both in country and abroad, their hands are tied without basic essentials necessary to provide even the most basic care. They are extremely frustrated with their inability to access and deliver needed services to the patients under their care. Yet, they go to work everyday in hope that relief will come from the West.

Zambia's health care system is structured very much like our own. All providers are stretched beyond their limits. In one hospital in Livingstone, there was an allotment for 48 physicians. There were 12. Not one appeared to be older than 30. As in the U.S. nurses are the workhorses of the health care system in Zambia. Most work 6 days a week under the most extreme conditions I have ever seen. Open pediatric, adult female and adult male wards with 30-40 patients and only

one nurse were common. No one monitored vital signs because, in the words of one senior physician, “what’s to be done if they’re abnormal?” In addition to meeting with community, outpatient, inpatient, and hospice nurses, I met with many nurse midwives who staff both the hospital delivery wards and health clinics. Although the American trained physicians understand and appreciate the role of mid-level providers, at this time there are no nurse practitioners or physician assistants; the creation of which will be necessary to deliver wide-scale antiretroviral therapy to thousands.

It was my pleasure to meet two male nurses. The first was a young man working day shift in a medical ward at Livingstone Hospital (see photo number 1). I felt a special connection with the second, a nurse manager of a large outpatient clinic in St. George Compound in Lusaka (see photo number 2). St. George Compound is a large urban extremely impoverished community. The morning we arrived at the clinic he greeted us and escorted us throughout the facility from the “TB corner” to the well baby clinic. The day we were there people crowded every available spot waiting patiently to see the next doctor. The daily routine is to open the clinic at 7:00 a.m. and evaluate as many patients as possible until noon. Those who are not seen and evaluated by noon are instructed to return the next day. There is no means to accommodate scheduling.

At the clinics, as in the hospitals, family members are responsible for virtually everything. It’s a cash only basis for anything beyond physical evaluation. Payment at the time of services for all “investigations,” (lab tests and x-rays) is required prior to their performance (if the necessary reagents are available to perform the tests). Family members bring all linens and are responsible for changing and laundering them. Needless to say, meals are not provided.

Overall the experience was a life-changing event for me. Never have I seen devastation, sickness, suffering, death, loss and grief in this magnitude. Thankfully, it even in the face of this adversity, the health professionals (many of whom are themselves HIV-infected) keep the faith, carry on and wait for relief to come. The U.S. was instrumental in launching the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria in 2001. We were the first country to make a contribution to the Fund and lead the world in committing \$500 million to it. In 2002, President Bush launched the \$500 million Mother-and-Child HIV Prevention Initiative designed to prevent mother-to-child transmission. Importantly, U.S. Ambassador Martin Brennan and his wife, with whom we met, are intricately involved in and dedicated to the successful implementation of our project and the betterment of health conditions for all Zambians. All Americans and all nurses (both male and female) should be proud of our current efforts.

When I returned to Birmingham I shared my experience with many of my colleagues, friends, family and patients. Although most were excited to learn of my involvement in such a laudable project, some questioned if we shouldn’t be doing more here in the U.S. in the war against HIV and its spread before going half a world away. While I think we always need to do more for “our own” I had to remind myself and others that the U.S. spends almost \$15 billion annually to combat AIDS domestically, including \$2.6 billion for vaccine and cure research. My goal, our mission, and the specific aim of the project are an immediate, practical solution that will provide life-saving treatment to those truly in need.



Tucson Marriott University Park
880 East Second St.
Tucson, AZ 85719
phone: 520-629-2805
Fax: 520-903-9906

The room rate will be: \$124 per night double/ single
additional persons are \$15 per night

Reservations by November 1, 2004

The hotel is one block from the main entrance to the University of Arizona campus, and within a couple of blocks of 22 restaurants, numerous shops, and a short trolley ride away from the funky 4th Ave. shopping district.

People can access details about the hotel at
<https://marriott.com/property/propertyPage/TUSUP>



American Assembly for Men in Nursing
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Latham, NY 12110-1499

